CITY OF PITTSBURGH
ASK YOUR DOCTOR...

Welcome to the second annual Ask Your Doctor - A communications campaign from the Department of Personnel and Civil Service Commission designed to guide employees through the open enrollment process. We'll bring you up to speed on some benefit lingo, talk about new network designs, and direct you to the tools available to help you make an informed decision on your benefit plans.

Let's take a look at some key terms and questions for you to Ask Your Doctor. Start thinking about your questions and concerns now and write them down as you go along.

In Network/Out of Network

Q. What is a "network"?
A. A network is a group of hospitals, doctors and other facilities offered by a medical plan where you can obtain care at negotiated rates.

Q. What does "in-network" mean?
A. Doctors, hospitals and other services listed as within the network for a medical plan give you reduced fees over out-of-network care. Health care companies encourage you to use in-network services.

Q. What does "out-of-network" mean?
A. Out-of-network doctors, hospitals and other services are those listed outside the network of a medical plan for which you pay higher fees for service. Beginning in 2015, this could also involve balance billing.

Q. What is "balance billing"?
A. Balance billing is a process where the remainder (or part of the remainder) of the actual cost for out-of-network services is charged to you in addition to the out-of-network co-insurance. Certain agreements have been made among the insurance companies for balance billing for next year. Please consult the insurance companies for the details. This can be a significant cost to the member. The consent decree between Highmark & UPMC limits the percentage of a balance bill you need to pay to 60% of charges.

Q. What is a "plan formulary" and how does it affect me?
A. A plan formulary is a list of prescription drugs (both generic and brand name) that are preferred by your health plan. Your health plan may only pay for medications that are on this "preferred" list unless your health care provider talks with your health plan and gets prior approval. In addition to physician approval, some formularies may require step therapy for specific prescription drugs. There may also be limits on quantity and frequency. Make sure you understand the formulary of the plan you choose.

Q. What is "step therapy"?
A. The practice of step therapy begins medication for a medical condition with the most cost-effective and safest drug therapy and progresses to other more costly or risky therapies only if necessary. Important particularly when switching plans as discussed above, the formularies may differ.

How do I know I'm asking my doctor the right questions?

Here is a sample of some questions that will help you in making your decision. It's important to understand that you cannot assume network participation by location…..you have to Ask Your Doctor.

- Which networks do you belong to?
- Which hospitals will be in-network for you next year?
- What about the consent decrees between Highmark & UPMC?
- Do I need to be concerned about balance billing?
- Should I find another doctor who is in-network?
- When should I check back with you about these questions?